

Volunteer Application Mammoth Cave National Park

Mail completed application to:
Volunteer Coordinator
Mammoth Cave National Park
P.O. Box 7
Mammoth Cave, KY 42259



1. Name (Last, First, Middle)		2. Age	3. Telephone (use area code)
4. Street Address		5. City, State, and Postal Code	
6. Which general volunteer work categories are you most interested in? <input type="checkbox"/> Campground Hosting <input type="checkbox"/> Educational Programs <input type="checkbox"/> Office/Clerical Work <input type="checkbox"/> Information Desk <input type="checkbox"/> Assisting Cave Guides <input type="checkbox"/> Nature Hikes <input type="checkbox"/> Historical Research <input type="checkbox"/> Photography <input type="checkbox"/> Trail Construction/Maintenance <input type="checkbox"/> Science Field Studies <input type="checkbox"/> Curatorial/Maintenance Work <input type="checkbox"/> Special Events <input type="checkbox"/> Other (please specify) _____		7. Please describe your qualifications, skills, experience or education that apply.	
8. Have you volunteered for the National Park Service before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please describe your volunteer experience:			
9. Please describe any physical limitations that may influence your volunteer work activities:			
10. When will you be available to work? From ____/____/____ To ____/____/____		11. What days of the week are you willing to work? <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday How many hours per week would you like to work? _____ Are these days and hours flexible? <input type="checkbox"/> Days <input type="checkbox"/> Hours	

12. Do you have a valid driver's license? ☐ Yes ☐ No13. Do you have your own transportation? ☐ Yes ☐ No14. Do you have a camper or trailer for housing? ☐ Yes ☐ No15. Are you willing to share park quarters with another employee?
☐ Yes ☐ No

16. References – Please list two references or employers not related to you that we may contact to verify your qualifications:

Reference #1

Name: _____

Home or business address: _____

Home or business phone: _____

Best time to contact: _____

Reference #2

Name: _____

Home or business address: _____

Home or business phone: _____

Best time to contact: _____

17. This space is provided for more detailed responses. Please indicate the item numbers to which these responses apply:

Notice to Volunteer

Volunteers are not considered to be Federal employees for any purpose other than tort claims and injury compensation. Volunteer service is not creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience.

Privacy Act Statement

Following information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for voluntary assignments. Furnishing data is voluntary.

18. Signature (Sign in ink)

19. Date

NPS USE

Date application received: ____/____/____

Volunteer Coordinator: _____